

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/548088

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/	/		/		
4	3			/		
5	①			/		
6	①			/		
7	①			/		
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39	/			/		
40	/			/		
41	/			/		
42	2			/		
43	2			/		
44	7			/		
45	7			/		
46	/			/		
47	/			/		
48	/			/		
49	/			/		
50	/			/		
TOTAL IND.			1			
TOTAL DEP.			49			
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						